



Karen C. Handel
Secretary of State

STATE BOARD OF CEMETERIANS C/O
SECURITIES AND BUSINESS REGULATION
2 Martin Luther King, Jr. Drive, S.E.
Ste 802, West Tower
Atlanta, Georgia 30334
(404) 656-3920

<http://www.sos.state.ga.us/securities/>

Robert D. Terry
Division Director

**APPLICATION FOR CHANGE OF OWNERSHIP
OF PRENEED DEALER
GEORGIA CEMETERY AND FUNERAL SERVICES ACT OF 2000
(O.C.G.A 10-14-1 ET SEQ.)
Application fee \$250 (Pavable to State Board of Cemeterians)**

A. GENERAL INFORMATION

Name of Applicant		SOS Registration Number	
Address	City/County	State	Zip Code
Mailing Address	City/County	State	Zip Code
Telephone Number for applicant's principal business location in Georgia			
Location of all records of applicant which relate to preneed sales in Georgia: (Attach additional sheets as necessary)			
Address of records	City/County	State	Zip Code
Person to contact about application:	Contact Phone Number:		
Jurisdiction of organization of applicant:	Date of Formation:		
Provide the following information for all locations where preneed business is conducted in Georgia (attach additional sheets as necessary):			
Business location of preneed dealer if different from applicant address			
City	County	State	Zip Code
Mailing address of preneed dealer if different from applicant address			
City	County	State	Zip Code
Telephone Number of preneed dealer if different from applicant's			
Trade Name associated with each location a. list name of preneed dealer at time of purchase: b. if changing trade name, list new trade name:			

B. OWNERSHIP

Date present owner(s) took control:	
Name of Previous owner(s): _____	
If applicant is a CORPORATION , attach list of officers, registered agent, and address and telephone numbers of each.	
If applicant is a PARTNERSHIP , attach list of general partners along with address and telephone numbers of each.	
If applicant is OTHER ENTITY , attach list of individuals of similar authority along with address and telephone numbers and indicate type of entity.	

C. PRENEED ESCROW ACCOUNT

Proposed Name of Escrow Agent	Phone Number		
Address	City/County	State	Zip Code
Depository Section: Provide all information regarding proposed aggregated escrow account(s).			
Proposed Depository	Phone Number		
Account Name	Account Number		
Address	City/County	State	Zip Code
Proposed Depository	Phone Number		
Account Name	Account Number		
Address	City/County	State	Zip Code

D. THE FOLLOWING DOCUMENTS MUST BE FILED OR ON FILE WITH THE OFFICE OF SECRETARY OF STATE

	Attached	On File	N/A
1. A copy of the proposed contract for sale of the preneed dealer(s) between the prospective seller and the prospective buyer of the preneed dealer which may have the sales price deleted.			
2. A list with the <u>name</u> and <u>address</u> of each <u>person who owns 10% or more of any class of ownership interest</u> in the applicant and the <u>percentage of such interest</u> .			
3. Certified copy of a certificate of existence or certificate of authority issued in accordance with code section 14-2-128, if applicant is a corporation, and any amendments to such documents or any substantially equivalent documents			
4. Partnership agreement			
5. A description of any judgment or pending litigation to which the applicant or any affiliate of the applicant is a party and which involves the operation of the cemetery or the preneed business in Georgia or which could materially affect the business or assets of the applicant			
6. Whether the applicant or any affiliate of the applicant owns any other entities in Georgia regulated by this chapter and, if so, the location, mailing address, telephone number, and type of registration of such other entities			
7. Consent to service of process (Corporate or Individual)			
8. Director's resolution authorizing consent to service of process			
9. A balance sheet of the applicant for the end of the most recent fiscal year and in no event dated more than 15 months prior to the date of filing			
10. Attach a current financial report for the preneed escrow account(s) prepared by a CPA or Public Accountant, reflecting the preneed dealers' liability to each account and the current balances of each account; or a joint financial report for the preneed escrow account(s), the accuracy of which is represented by both the previous owner and new owner reflecting the total liability to each account and the current balance of each account			
11. Attach verifications from the depository(s) showing the actual account balance(s) for the preneed escrow account(s) as the date of closing			
12. Attach a statement from the escrow agent of the preneed escrow account(s) stating that the preneed escrow account(s) is not encumbered			
13. If preneed contract(s) are funded other than through an aggregated escrow account, attach a statement explaining how they are funded and the name(s) of the institution(s) such accounts are funded through			
14. A list of each individual employed, appointed, or authorized by the applicant to offer for sale or to sell any grave lots, burial rights, burial or funeral merchandise, or burial services on behalf of the applicant			

E. BACKGROUND INFORMATION

All yes answers to the following questions
must be fully explained as an attachment.
Each explanation should be referenced to a specific question number.

	Yes	No
1. Has the applicant, individual owner, partner, corporate owner, or person who owns controlling interest of the corporate owner, ever been adjudicated civilly or criminally, to have committed fraud or to have violated any law of trade or business practices?		
2. Has the applicant, individual owner, partner, corporate owner, or person who owns controlling interest of the corporate owner, been convicted of a misdemeanor of which fraud is an essential element or which involves any aspect of the funeral or cemetery business?		
3. Has the applicant, individual owner, partner, corporate owner, or person who owns controlling interest of the corporate owner, ever been convicted of a felony?		
4. Has the applicant, individual owner, partner, corporate owner, or person who owns controlling interest of the corporate owner, engaged in any unethical or dishonest practices in the funeral or cemetery business?		
5. Has the applicant, individual owner, partner, corporate owner, or person who owns controlling interest of the corporate owner, been permanently or temporarily enjoined, suspended, or barred by any court of competent jurisdiction or by any state or other jurisdiction from engaging in or continuing any conduct or practice involving any aspect of the funeral or cemetery business?		
6. Is the applicant, individual owner, partner, corporate owner, or person who owns controlling interest of the corporate owner, currently insolvent or the debtor in any petition currently pending pursuant to any chapter of the United States Bankruptcy Code?		

I hereby certify that the information contained in this application and the supporting documents attached hereto are true and correct to the best of my knowledge and belief.

Signature:	Print Name:
Title (General Partner, President, or other Executive Officer):	
Notary Public:	My Commission Expires:



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F. CRIMINAL HISTORY BACKGROUND AUTHORIZATION

Attach additional sheets if necessary.
The applicant must provide the following information on each person who owns
controlling interest of the applicant, or preneed dealer.
Make additional copies of this form as needed.
(Please type or print)

Name:

Title:

Address:

City:

State:

Zip Code:

Date of Birth:

Social Security Number:

The person named above authorizes
the Office of Secretary of State
to conduct a criminal history background.

This

Day of

200

Signature of applicant above:

Notary Public:

My Commission Expires: